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CONFIRMATION NO. 1674

SERIAL NUMBER 10/693,164	FILING OR 371(c) DATE 10/24/2003 RULE	CLASS 435	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 067437-5019US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/421,538 10/25/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 60	TOTAL CLAIMS 108	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

67374

**TITLE**

METHODS OF IDENTIFYING REDUCED INTERNALIZATION TRANSMEMBRANE RECEPTOR AGONISTS

FILING FEE RECEIVED 5820	<p>FEES: Authority has been given in Paper        No. _____ to charge/credit DEPOSIT ACCOUNT        No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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